

School District Claim for State Reimbursement for **School Bus Transportation**

State	
District	
County	

DUE
DATES:

First Semester February 1 to County Superintendent February 15 to State Superintendent

Second Semester May 10 to County Superintendent May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:							
This claim is for the period beginning							
mol	nth day		month	day			
CERTIFICATION:							
The information on this form is complete and accurate to the best of my knowledge.							

Date Signature, Chair, Board of Trustees County: District: District Level:

07 Cascade 0098 Great Falls Elem			Elementary					
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	1	10-1	19	0.95	14	12/20/04		
100	1	10-2	10	0.95	14	12/20/04		
100	1	10-3	26	0.95	14	12/20/04		
70	1	1-1	25	0.95	16	12/20/04		
100	1	11-1	29	0.95	35	12/20/04		
100	1	11-2	15	0.95	35	12/20/04		
100	1	11-3	17	0.95	35	12/20/04		
100	1	1-2	17	0.95	16	12/20/04		
70	1	12-1	10	1.36	66	12/20/04		
100	1	12-2	16	1.36	66	12/20/04		
100	1	12-4	14	1.36	66	12/20/04		
100	1	1-3	1	0.95	16	12/20/04		
100	1	13-2	6	1.36	66	12/20/04		
100	1	13-3	16	1.36	66	12/20/04		
100	1	13-5	19	1.36	66	12/20/04		
70	1	1-4	19	0.95	16	12/20/04		
70	1	14-1	19	1.36	66	12/20/04		
100	1	14-2	17	1.36	66	12/20/04		
70	1	15-1	19	1.36	66	12/20/04		
70	1	15-2	19	1.36	66	12/20/04		
100	1	15-3	10	1.36	66	12/20/04		
70	1	16-1	21	1.36	66	12/20/04		
100	1	16-2	11	1.36	66	12/20/04		
100	1	16-3	10	1.36	66	12/20/04		
70	1	16-4	26	1.36	66	12/20/04		
100	1	17-1	22	1.36	66	12/20/04		
100	1	17-2	20	1.36	66	12/20/04		
100	1	17-3	11	1.36	66	12/20/04		
70	1	18-1	21	1.36	66	12/20/04		
70	1	18-2	22	1.36	66	12/20/04		
100	1	19-1	13	1.36	66	12/20/04		



School District Claim for State Reimbursement for School Bus Transportation

State	L
District	
County	

DUE
DATES

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

DATES:	February 15	to State Superinte	endent	May 24 to State Superintendent				
COMPLE	COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:							
This claim	is for the period beginning	month	, 20	and endingmon	, 20 th day			
CERTIFI	CERTIFICATION:							
The inform	The information on this form is complete and accurate to the best of my knowledge.							
Date		Signature, Chair, Board	of Trustees					
County:		District:			District Level:			
07 Casca	de	0098 Great Fa	lls Elem		Elementary			

Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	1	19-2	17	1.36	66	12/20/04		
100	1	19-3	8	1.36	66	12/20/04		
70	1	20-1	17	1.57	77	12/20/04		
100	1	20-2	9	1.57	77	12/20/04		
70	1	20-3	36	1.57	77	12/20/04		
100	1	2-1	30	0.95	20	12/20/04		
100	1	21-1	10	1.57	71	12/20/04		
100	1	21-2	15	1.57	71	12/20/04		
100	1	21-3	10	1.57	71	12/20/04		
100	1	21-4	13	0.00	71	12/20/04		
100	1	2-2	6	0.95	20	12/20/04		
100	1	22-1	11	1.57	71	12/20/04		
100	1	22-2	20	1.57	71	12/20/04		
100	1	22-3	8	1.57	71	12/20/04		
100	1	22-4	19	1.57	71	12/20/04		
100	1	2-3	14	0.95	20	12/20/04		
100	1	23-1	24	1.57	71	12/20/04		
100	1	23-2	22	1.57	71	12/20/04		
100	1	23-3	21	1.57	71	12/20/04		
100	1	2-4	16	0.95	20	12/20/04		
100	1	24-1	18	1.57	77	12/20/04		
100	1	24-2	15	0.00	77	12/20/04		
100	1	24-3	20	0.00	77	12/20/04		
100	1	25-2	30	1.57	71	12/20/04		
70	1	26-1	21	1.57	71	12/20/04		
70	1	26-2	24	1.57	71	12/20/04		
70	1	27-1	22	1.57	72	12/20/04		
70	1	27-2	26	1.57	72	12/20/04		
70	1	28-1	41	1.57	71	12/20/04		
70	1	28-2	38	1.57	71	12/20/04		
70	1	29-1	44	1.57	71	12/20/04	l	



School District Claim for State Reimbursement for **School Bus Transportation**

State	
District	
County	

DUE
DATES:

First Semester February 1 to County Superintendent February 15 to State Superintendent

Second Semester May 10 to County Superintendent May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:**

The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District:

0098 Great Falls Elem **Elementary** 07 Cascade District Route Miles Rate Days **Bus Driver's** Operated Capacity Social Security # Percentage # Per Day Per Mile Inspection 70 1 29-2 44 1.57 71 12/20/04 100 30 - 113 1.57 71 12/20/04

100	1	30-2	23	1.57	71	12/20/04	
100	1	30-3	10	1.57	71	12/20/04	
100	1	30-4	32	1.57	71	12/20/04	
100	1	3-1	28	0.95	10	12/20/04	
100	1	31-1	27	1.57	71	12/20/04	
100	1	31-2	14	0.00	71	12/20/04	
100	1	31-3	49	1.57	71	12/20/04	
100	1	3-2	16	0.95	10	12/20/04	
70	1	32-1	31	1.57	71	12/20/04	
70	1	32-2	29	1.57	71	12/20/04	
100	1	3-3	24	0.95	10	12/20/04	
100	1	33-1	6	1.57	71	12/20/04	
100	1	33-3	9	1.57	71	12/20/04	
100	1	33-4	12	1.57	71	12/20/04	
70	1	34-1	17	1.57	71	12/20/04	
70	1	34-2	41	1.57	71	12/20/04	
70	1	35-1	29	1.36	66	12/20/04	
70	1	35-2	27	1.36	66	12/20/04	
100	1	36-2	12	0.00	71	12/20/04	
100	1	36-3	8	0.00	71	12/20/04	
100	1	36-4	13	0.00	71	12/20/04	
100	1	37-1	8	1.57	71	12/20/04	
100	1	37-2	23	1.57	71	12/20/04	
100	1	37-3	9	1.57	71	12/20/04	
100	1	37-4	20	1.57	71	12/20/04	
100	1	38-1	8	1.57	71	12/20/04	
100	1	38-2	27	1.57	71	12/20/04	
100	1	38-3	5	1.57	71	12/20/04	
100	1	38-4	28	1.57	71	12/20/04	



School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES:

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date	Signature, Chair, Board of Trustees	
County:	District:	District Level:

07 Cascade 0098 Great Falls Elem Elementary

o, case	ouscute 0000 Great Lans Elem					Liemei		
Domoontogo	District #	Route #	Miles Per Day	Rate Per Mile	Canadity	Inquestion	Days	Bus Driver's
Percentage			-		Capacity	Inspection	Operated	Social Security #
100	1	39-2	11	0.00	77	12/20/04		
100	1	40-2	32	1.57	71	12/20/04		
100	1	41-1	13	1.57	71	12/20/04		
100	1	41-2	23	0.00	71	12/20/04		
100	1	41-3	12	1.57	71	12/20/04		
100	1	41-4	24	0.00	71	12/20/04		
100	1	4-2	10	0.95	24	12/20/04		
100	1	42-1	13	1.57	71	12/20/04		
100	1	42-2	8	1.57	71	12/20/04		
100	1	42-3	16	0.00	71	12/20/04		
100	1	4-3	18	0.95	24	12/20/04		
100	1	43-1	25	1.57	71	12/20/04		
100	1	43-2	25	1.57	71	12/20/04		
100	1	44-1	16	1.36	66	12/20/04		
100	1	44-2	21	0.00	66	12/20/04		
100	1	44-3	11	1.36	66	12/20/04		
100	1	44-4	12	0.00	66	12/20/04		
100	1	4-5	20	0.95	24	12/20/04		
70	1	45-1	20	1.57	71	12/20/04		
70	1	45-2	20	1.57	71	12/20/04		
100	1	46-2	9	0.00	78	12/20/04		
70	1	47-1	31	1.57	71	12/20/04		
70	1	47-2	31	1.57	71	12/20/04		
100	1	48-1	24	1.57	72	12/20/04		
100	1	48-2	20	1.57	72	12/20/04		
70	1	48-3	31	1.57	72	12/20/04		
100	1	49-1	12	1.57	71	12/20/04		
100	1	49-2	9	0.00	71	12/20/04		
100	1	49-3	6	0.00	71	12/20/04		
100	1	49-4	8	1.57	71	12/20/04		
100	1	49-5	26	1.57	71	12/20/04		
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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

S: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning and ending , 20_ month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District Level: District: 07 Cascade 0098 Great Falls Elem Elementary

07 Cascade 0098			Great Fa	ilis Elem			Eleme	ntary
	District	Route	Miles	Rate			Days	Bus Driver's
Percentage	#	#	Per Day	Per Mile	Capacity	Inspection	Operated	Social Security #
100	1	50-2	7	0.00	77	12/20/04		
100	1	5-1	15	0.95	29	12/20/04		
100	1	51.1	5	0.00	71	12/20/04		
100	1	51.2	13	0.00	71	12/20/04		
100	1	51-3	5	0.00	71	12/20/04		
100	1	51-4	13	0.00	71	12/20/04		
100	1	5-2	14	0.95	29	12/20/04		
70	1	52-1	18	1.57	77	12/20/04		
70	1	52-2	25	1.57	77	12/20/04		
100	1	5-3	8	0.95	29	12/20/04		
100	1	53-1	26	1.57	72	12/20/04		
100	1	53-2	30	1.57	72	12/20/04		
100	1	53-3	6	0.00	72	12/20/04		
100	1	53-4	28	1.57	72	12/20/04		
70	1	6-1	26	0.95	48	12/20/04		
100	1	6-2	6	0.95	48	12/20/04		
100	1	6-3	7	0.95	48	12/20/04		
70	1	6-4	25	0.95	48	12/20/04		
100	1	6-5	11	0.95	48	12/20/04		
100	1	7-1	16	0.95	12	12/20/04		
100	1	7-2	25	0.95	12	12/20/04		
100	1	7-3	19	0.95	12	12/20/04		
70	1	8-1	30	0.95	48	12/20/04		
100	1	8-2	8	0.95	48	12/20/04		
100	1	8-3	8	0.95	48	12/20/04		
70	1	8-4	32	0.95	48	12/20/04		
100	1	8-5	10	0.95	48	12/20/04		
70	1	9-1	24	0.95	14	12/20/04		
70	1	9-2	29	0.95	14	12/20/04		
70	1	9-3	23	0.95	14	12/20/04		
100	1	S-1-1	28	0.95	35	12/20/04		

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

	First Semester
DUE	February 1 to County Superintendent
DATES:	February 15 to State Superintendent

DUE February 1 to County Superintendent DATES: February 15 to State Superintendent						•	Second Semes 10 to County Super 24 to State Superin	rintendent	
COMPLI	ETE THI	IS CLAIM FO	R STATE REIMI	BURSEMEN	T FOR SO	CHOOL BUS T	RANSPORTATIO	N:	
This clain	n is for the	period beginning			20 and	ending		, 20	
		F	month	day		g	month	day	
CERTIFI	CATIO	N:							
			lete and accurate to th	e best of my kn	owledge.				
Date			Signature, Chair, Boar	d of Trustees					
County:			District:				District	Level:	
07 Casca	ade		0098 Great Fa	ılls Elem			Elem	entary	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #	
100	1	S-1-2	9	0.95	35	12/20/04			
100	1	S-1-3	9	0.95	35	12/20/04			
100	1	S-1-4	15	0.95	35	12/20/04			
				•		•		•	



School District Claim for State Reimbursement for School Bus Transportation

State	L
District	
County	Г

DUE
DATES:

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Country	District	District Level:
Date	Signature, Chair, Board of Trustees	

07 Cascade 0099 Great Falls H S High School

				Great Lang II B			Ingh benoof	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
30	A	1-1	25	0.95	16	12/20/04	Орегани	Social Security #
30	A	12-1	10	1.36	66	12/20/04		
100	A	12-3	17	1.36	66	12/20/04		
100	A	13-1	10	1.36	66	12/20/04		
100	A	13-4	20	1.36	66	12/20/04		
30		1-4	19	0.95	16	12/20/04		
30	A	14-1	19	1.36	66	12/20/04		
30	A		19		66	12/20/04		
	A	15-1		1.36				
30	A	15-2	19	1.36	66	12/20/04		
30	A	16-1	21	1.36	66	12/20/04		
30	A	16-4	26	1.36	66	12/20/04		
30	A	18-1	21	1.36	66	12/20/04		
30	A	18-2	22	1.36	66	12/20/04		
30	A	20-1	17	1.57	77	12/20/04		
30	A	20-3	36	1.57	77	12/20/04		
100	A	25-1	29	1.57	71	12/20/04		
30	A	26-1	21	1.57	71	12/20/04		
30	A	26-2	24	1.57	71	12/20/04		
30	Α	27-1	22	1.57	72	12/20/04		
30	Α	27-2	26	1.57	72	12/20/04		
30	Α	28-1	41	1.57	71	12/20/04		
30	A	28-2	38	1.57	71	12/20/04		
30	A	29-1	44	1.57	71	12/20/04		
30	A	29-2	44	1.57	71	12/20/04		
30	A	32-1	31	1.57	71	12/20/04		
30	Α	32-2	29	1.57	71	12/20/04		
100	Α	33-2	8	1.57	71	12/20/04	l	
100	Α	33-5	9	1.57	71	12/20/04		
30	A	34-1	17	1.57	71	12/20/04		
30	A	34-2	41	1.57	71	12/20/04		
30	A	35-1	29	1.36	66	12/20/04	l	



School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES:

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

CERTIFICATION: The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees

County: District: District Level:

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

07 Casca	ade	0099	Great Fa	lls H S			High School		
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #	
30	A	35-2	27	1.36	66	12/20/04			
100	A	36-1	12	1.57	71	12/20/04			
100	A	39-1	19	1.57	77	12/20/04			
100	A	39-3	19	1.57	77	12/20/04			
100	A	40-1	15	1.57	71	12/20/04			
100	A	40-3	17	1.57	77	12/20/04			
100	A	4-1	18	0.95	24	12/20/04			
100	A	4-4	19	0.95	24	12/20/04			
30	A	45-1	20	1.57	71	12/20/04			
30	A	45-2	20	1.57	71	12/20/04			
100	A	46-1	26	1.57	78	12/20/04			
100	A	46-3	26	1.57	78	12/20/04			
30	A	47-1	31	1.57	71	12/20/04			
30	A	47-2	31	1.57	71	12/20/04			
30	A	48-3	31	1.57	72	12/20/04			
100	A	50-1	29	1.57	77	12/20/04			
100	A	50-3	30	1.57	77	12/20/04			
30	A	52-1	18	1.57	77	12/20/04			
30	A	52-2	25	1.57	77	12/20/04			
30	A	6-1	26	0.95	48	12/20/04			
30	A	6-4	25	0.95	48	12/20/04			
30	A	8-1	30	0.95	48	12/20/04			
30	A	8-4	32	0.95	48	12/20/04			
30	A	9-1	24	0.95	14	12/20/04			
30	A	9-2	29	0.95	14	12/20/04			
30	A	9-3	23	0.95	14	12/20/04			

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School District Claim for State Reimbursement for **School Bus Transportation**

State	
District	
County	

DUE
DATES

Second Semester First Semester February 1 to County Superintendent May 10 to County Superintendent **S**: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 07 Cascade 0101 Cascade Elem **Elementary** District Route Miles Rate Days **Bus Driver's** Per Mile Capacity Operated Social Security # Percentage # # Per Day Inspection 50 3 1 94.6 1.15 54 12/24/04 3 2 50 107.6 1.15 59 12/24/04 3 3 93.2 12/20/04 50 1.15 54 3 4 122.4 50 1.80 84 12/24/04 3 50 4A 122.4 1.80 84 12/24/04 50 3 5 84 1.80 84 12/24/04 3 100 5A 84 1.80 84 12/24/04 50 3 40.5 0.95 12/24/04 6 28 3 7 0.95 12/24/04 50 136 18 50 3 8 0.95 80.2 18 12/24/04

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

DUE DATES:		February 1	First Semester 1 to County Superintendent 15 to State Superintendent				Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:										
This clain	n is for the	period beginning	g		,	20 and e	nding	,	20	
				month	day			month da	ay	
CERTIF	ICATIO	N:								
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.				
Date			Signatu	re, Chair, Board	d of Trustees					
County:			District	:				District Le	vel:	
07 Casca	ade		0102	Cascade	H S			High S	chool	
Percentage	District #	Route #	1	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #	
50	В	1		94.6	1.15	54	12/24/04			
50	В	2		107.6	1.15	59	12/24/04			
50	В	3		93.2	1.15	54	12/20/04			
50	В	4		122.4	1.80	84	12/24/04			
50	В	4A		122.4	1.80	84	12/24/04			
50	В	5		84	1.80	84	12/24/04			
0	В	5A		84	1.80	84	12/24/04			
50	В	6		40.5	0.95	28	12/24/04			
50	В	7		136	0.95	18	12/24/04			
50	В	8		80.2	0.95	18	12/24/04			

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Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

		- Hele	ena, WH 59620-2	501			•	
DUE DATES:		February 1	First Semester to County Superi 5 to State Superin			•	Second Semester County Superint State Superinter	tendent
COMPL	ETE TH	IS CLAIM FO	OR STATE REIM	BURSEMEN	T FOR SCH	OOL BUS TRAI	NSPORTATION:	
This clain	n is for the	period beginning	S	,	20 and en	ding	,2	20
			month	day		m	onth da	y
CERTIF	ICATIO	N:						
The infor	mation on	this form is comp	lete and accurate to t	he best of my kn	owledge.			
Date			Signature, Chair, Boa	rd of Trustees				
County:			District:				District Lev	vel:
07 Casca	ade		0104 Centerv	ille Elem			Elemen	tary
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
50	5	1	32.5	1.36	60	12/09/04		
50	5	2	111.2	1.36	60	12/09/04		
50	5	3	60	1.57	72	12/09/04		
50	5	4	84	1.36	60	12/09/04		
50	5	5	106.8	1.57	72	12/09/04		

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Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
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DUE
DATES

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First Semester DUE February 1 to County Superintendent DATES: February 15 to State Superintendent						•	Second Semester to County Superint to State Superinten	tendent
COMPL	ETE TH	IS CLAIM FO	OR STATE REIM	BURSEMEN	T FOR SCH	IOOL BUS TRA	NSPORTATION:	
This clain	n is for the	period beginning	S	,	20 and er	nding	, 2	20
			month	day		n	nonth da	y
CERTIF	ICATIO	N:						
The infor	mation on	this form is comp	olete and accurate to th	ne best of my kn	owledge.			
Date			Signature, Chair, Boar	rd of Trustees				
County:			District:				District Lev	/el:
07 Casca	ade		0105 Centery	ille H S			High So	chool
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
50	С	1	32.5	1.36	60	12/09/04		
50	C	2	111.2	1.36	60	12/09/04		
50	C	3	60	1.57	72	12/09/04		
50	C	4	84	1.36	60	12/09/04		
50	С	5	106.8	1.57	72	12/09/04		

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
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DUE
DATES

First Semester February 1 to County Superintendent February 15 to State Superintendent						Second Semester May 10 to County Superintendent May 24 to State Superintendent			
ETE TH	IS CLAIM FO	R STA	TE REIME	BURSEMEN	T FOR SO	СНОС	OL BUS TRA	NSPORTATION	:
n is for the	period beginning	S		,	20 and	l endin	g		, 20
		1	month	day			n	nonth d	lay
ICATIO	N:								
mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.				
		Signatu	re, Chair, Board	d of Trustees					
		District	:					District L	evel:
ade		0112	Belt Elen	n				Eleme	ntary
District #	Route #		Miles Per Day	Rate Per Mile	Capacity	7	Inspection	Days Operated	Bus Driver's Social Security #
29	1		94.6	1.36	60		12/24/04		
29	1Non		66.6	0.50	60		12/24/04		
29	2		70	1.36	60		12/27/04		
29	3		70	1.36	60		12/24/04		
29	4		96	1.36	60		01/29/05		
29	5		81	1.36	60		01/29/05		
	ade District # 29 29 29 29	February 1 February 15 February 15 FETE THIS CLAIM FO In is for the period beginning ICATION: mation on this form is comp ade District # Route # 29 1 29 1 Non 29 2 29 3 29 4	February 1 to Coure February 15 to State February 1	February 1 to County Superint February 15 to State Superint ETE THIS CLAIM FOR STATE REIME In is for the period beginning	February 1 to County Superintendent	February 1 to County Superintendent February 15 to State Superintendent	February 1 to County Superintendent February 15 to State Superintendent	February 1 to County Superintendent May 10 to	February 1 to County Superintendent May 10 to County Superintendent May 24 to State Superintendent

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
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DUE
DATES

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DUE DATES:		First Semester February 1 to County Superintendent February 15 to State Superintendent						Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPL	ETE TH	IS CLAIM FO	R STA	TE REIME	URSEMEN	T FOR SO	CHOOL BUS TE	RANSPORT	TATION:		
This clain	n is for the	period beginning	S		,	20 and	ending		,	20	
			1	month	day			month	da	ny	
CERTIF	[CATIO]	N:									
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.					
Date			Signatu	re, Chair, Board	l of Trustees						
County: District:									District Le	vel:	
07 Casca	ade		0113	Belt H S					High So	chool	
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection		ays rated	Bus Driver's Social Security #	
50	D	1		94.6	1.36	60	12/24/04				
50	D	1Non		66.6	0.50	60	12/24/04				
50	D	2		70	1.36	60	12/27/04				
50	D	3		70	1.36	60	12/24/04				
50	D	4		96	1.36	60	01/29/05				
50	D	5		81	1.36	60	01/29/05				

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School District Claim for State Reimbursement for School Bus Transportation

State	
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DATES

DUE DATES:		February 1 February 1	to Cou				Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPLE	ETE TH	IS CLAIM FO	R STA	TE REIMI	BURSEMEN	T FOR SCI	HOOL BUS TRA	NSPORTATION:		
This claim	ı is for the	period beginning	,			20 and e	nding	,2	20 .	
		F		month	day			nonth da		
CERTIFI	CATIO	N:								
The inform	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.				
Date			Signatu	re, Chair, Board	d of Trustees					
County:			District:	:				District Lev	vel:	
07 Casca	ıde		0118	Simms H	I S			High So	chool	
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #	
10	F	1		62	1.57	78	12/13/04			
30	F	2		90	1.36	66	12/13/04			
65	F	3		80	1.36	66	12/13/04			
65	F	3A		88	1.36	66	12/13/04			
30	F	4		81	1.57	72	12/21/04			
75	F	5		99	1.36	66	12/21/04			
25	F	6		66	1.36	66	12/21/04			
25	F	7		69	1.36	66	12/13/04			

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School District Claim for
State Reimbursement for
School Bus Transportation

State	
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DUE DATES:	February 1 February 1		Second Semester May 10 to County Superintendent May 24 to State Superintendent					
COMPLE	TE THIS CLAIM FO	R STATE REIM	BURSEME	ENT FO	R SCHOOL	BUS TRANSPORT	TATION:	
This claim	This claim is for the period beginning, 20 and						, 20	
	month day					month	day	
CERTIFI	CATION:							
The inform	nation on this form is comp	lete and accurate to t	he best of my	knowledg	е.			
Date		Signature, Chair, Boa	rd of Trustees					
County:		District:					District Level:	

07 Cascade 0127 Vaughn Elem **Elementary** District Route Miles Rate Days **Bus Driver's** Percentage # # Per Day Per Mile Capacity Inspection Operated Social Security # 100 74 1 45 1.57 70 01/15/052 100 74 99 48 01/13/05 0.95

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School District Claim for
State Reimbursement for
School Bus Transportation

State	
District	
County	

DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent TE THIS CLAIM FOR STATE REIMBURSEMENT I	Second Semester May 10 to County Superintendent May 24 to State Superintendent FOR SCHOOL BUS TRANSPORTATION:
<u>L</u>	is for the period beginning , 20	and ending , 20 .
This claim	month day	month day
CERTIFI	CATION:	
The information on this form is complete and accurate to the best of my knowledge.		
Date	Signature, Chair, Board of Trustees	

County: District: District Level: 07 Cascade 0131 Ulm Elem Elementary Route Miles District Rate Days **Bus Driver's** Percentage # # Per Day Per Mile Capacity Inspection Operated Social Security # 100 85 1 56.8 71 01/29/05 1.57

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School District Claim for State Reimbursement for **School Bus Transportation**

State	
District	
County	

DUE
DATES

First Semester Second Semester February 1 to County Superintendent May 10 to County Superintendent **S**: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 07 Cascade 1225 Sun River Valley Elem **Elementary** District Route Miles Rate Days **Bus Driver's** Per Dav Per Mile Capacity Operated Social Security # Percentage # Inspection 90 55 1 62 1.57 78 12/13/04 2 70 55 90 1.36 66 12/13/04 35 3 80 12/13/04 55 1.36 66 35 55 3A 88 1.36 12/13/04 66 70 72 55 4 81 1.57 12/21/04 25 55 5 99 1.36 66 12/21/04 75 55 6 66 1.36 66 12/21/04 100 6A 50 1.36 12/21/04 55 66 75 55 7 69 12/13/04 1.36 66